



Practitioner's Docket No. 0103.00

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PATENT

TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.

Application No.: 09/888,311

Group No.: 1617

Filed: 06/22/2001

Examiner: K. Stiller

For: PHOSPHOLIPID-BASED POWDERS FOR INHALATION

Assistant Commissioner for Patents

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment and Information Disclosure Statement for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



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FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Date:

3/5/2002

Signature

Kathy Honnert

Kathy Honnert
(type or print name of person certifying)

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	26	Minus	20	= 6	x \$18 =	\$108
Indep.	4	Minus	3	= 0	x \$84 =	\$ 84
First Presentation of Multiple Dependent Claim					+ \$280 =	\$0
					Total Addit. Fee	<u>\$192</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$192.00

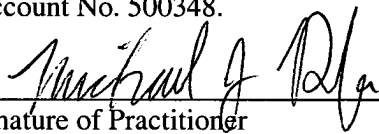
FEE PAYMENT

5. Charge Account No. 500348 the sum of \$192.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

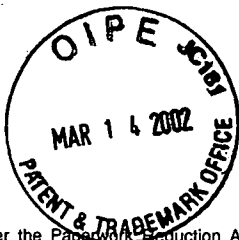
6. If any additional extension and/or fee is required, charge Account No. 500348.
If any additional fee for claims is required, charge Account No. 500348.

Date: 3/5/02


Signature of Practitioner

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PTO/SB92 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Date

Signature

Kathy Honnert

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

The following papers listed below are submitted:

Amendment Transmittal

Amendment

Fee Transmittal

IDS

PTO/SB/08A

1 Reference